

EVENT	INCIDENT TYPE				COMPLETED		FORCED ENTRY		PREMISE TYPE		UNITS ENTERED		TYPE VICTIM											
	1. 44-53-230 POSSESSION OF SCHEDULE III 35A DRUG/NARCOTIC VIOLATIONS				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DEPARTMENT/DISCOUNT STORE				<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.											
	2.				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO																	
	3.				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO																	
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)										ZIP CODE 29212-		WEAPON TYPE NONE												
INCIDENT DATE		24 HR. CLOCK		TO		DATE		24 HR. CLOCK		DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.												
02/28/2015		20:42				02/28/2015		20:43		DISP. DATE DISP. TIME TIME ARRIVED DEPART. TIME		501												
02/28/2015		20:42				02/28/2015		20:43		02/28/2015 20:44 20:45 22:00		501												
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT				RESIDENT		RACE		SEX		AGE		ETH		DAYTIME PHONE		EVENING PHONE				
				#1 ST #2 #3				J		W		M		27 /		N		[REDACTED]		[REDACTED]				
ADDRESS				CITY				STATE		ZIP CODE		LOCATION NO.												
#1 JUSTICE SQ				COLUMBIA				SC		29201-		212												
VICTIM NO. 1	VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT				RESIDENT		RACE		SEX		AGE		ETH		DAYTIME PHONE		EVENING PHONE			
	CITY OF COLUMBIA				#1 ST #2 #3				J						/				[REDACTED]		[REDACTED]			
	HEIGHT		WEIGHT		HAIR		EYES		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.															
ADDRESS				CITY				STATE		ZIP CODE		LOCATION NO.												
#1 JUSTICE SQ				COLUMBIA				SC		29201-		212												
VSBLE INJURY (MCT.1) <input type="checkbox"/> YES NO <input checked="" type="checkbox"/> EXPLAIN-										COMPLAINT OF ANY NON-VISIBLE INJURIES <input type="checkbox"/> YES NO <input checked="" type="checkbox"/>														
VICTIM (NO.1) USING: ALCOHOL <input type="checkbox"/> YES NO <input checked="" type="checkbox"/> UNK. <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES NO <input checked="" type="checkbox"/> UNK. <input type="checkbox"/> TYPE:																								
TWO MAN VEH. <input type="checkbox"/> ONE MAN VEH. <input type="checkbox"/> DETECTIVE PLASMIT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED <input type="checkbox"/>										*J-This Jurisdiction. S-State. O-Out of State. U-Unknown.														
SUBJECT NO. 1	<input checked="" type="checkbox"/> SUSPECT		NAME (LAST, FIRST, MIDDLE)				RACE		SEX		AGE		ETH.		DATE OF BIRTH		HEIGHT		WEIGHT		HAIR		EYES	
	<input type="checkbox"/> RUNAWAY		ROOF, DYLANN, STORM				W		M		20 /		N		04/03/1994		509		120		BRO		BRO	
	<input type="checkbox"/> WANTED		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				RELATED OFFENSE(S)				DAYTIME PHONE		EVENING PHONE											
							35A				[REDACTED]		[REDACTED]											
<input checked="" type="checkbox"/> WARRANT		ADDRESS				CITY		STATE		ZIP CODE		LOCATION NO.												
<input checked="" type="checkbox"/> ARREST		10428 GARNERS FERRY RD				EASTOVER		SC		29044-		299												
<input checked="" type="checkbox"/> JAIL		SUBJECT (NO.1) USING: ALCOHOL <input type="checkbox"/> YES NO <input type="checkbox"/> UNK. <input checked="" type="checkbox"/> DRUGS: <input type="checkbox"/> YES NO <input type="checkbox"/> UNK. <input checked="" type="checkbox"/> TYPE:				ARRESTED NEAR OFFENSE SCENE		<input checked="" type="checkbox"/> YES NO <input type="checkbox"/>		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST												
<input type="checkbox"/> SUMMONS						TOTAL # ARRESTED		1		02/28/2015 20:45:00														
NARRATIVE	DAY OF THE WEEK		HOW REPORTED		A= OFFICER DISPATCHED ON CALL D= COMPLAINT WRITTEN IN		DIFF. FACTOR		A= RESISTANCE/HOSTILITY E= COMPLAINANT FRE-															
	S M T W T F S UNK		A B C D E F		B= REPORT TAKEN BY PHONE E= OFFICER INITIATED		N		B= WEAPONS F= DOMESTIC															
	1 2 3 4 5 6 7 8				C= COMPLAINANT WALKED IN F= OTHER				C= UNFOUNDED CALLS D= MENTAL SUBJECT N= NORMAL															
	I WAS ON DIRECT PATROL ON THE ABOVE LISTED DATE AND TIME AT THE COLUMBIANA MALL WHEN I RECEIVED A COMPLAINT FROM MALL SECURITY STATING THAT A WHITE MALE WEARING ALL BLACK WAS GOING INTO THE "SHOE DEPARTMENT" STORE AND "BATH AND BODY WORKS" AND ASKING THE EMPLOYEES OUT OF THE ORDINARY QUESTIONS. THE MALL SECURITY GUARD STATED THAT THE EMPLOYEES WERE STATING THAT THE SUBJECT WAS ASKING THEM HOW MANY ASSOCIATES WERE WORKING, WHAT TIME THEY CLOSED, AND WHAT TIME THEY LEAVE. MALL SECURITY THEN POINTED OUT THE SUBJECT AT WHICH TIME I MADE CONSensual CONTACT WITH HIM. UPON MAKING CONTACT WITH THE SUBJECT I CONFIRMED THAT HIS NAME WAS DYLANN S. ROOF, DOB: [REDACTED] UPON TALKING WITH MR DYLANN I ASKED HIM WHY HE WAS ASKING THE EMPLOYEES OF THE BUSINESSES THOSE QUESTIONS. MR. DYLANN THEN BEGAN																							
				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY																
PROPERTY EST.	TYPE (GROUP)												TOTAL VALUE											
	STOLEN																							
	DAMAGED																							
	BURNED																							
RECOVERED																								
SEIZED																								
ADMINISTRATIVE	SUBJECT IDENTIFIED		SUBJECT LOCATED		S. F.		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18													
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CJ		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER													
	REASON FOR EXCEPTIONAL CLEARANCE 1 <input type="checkbox"/> OFFENDER DEATH 2 <input type="checkbox"/> NO PROSECUTION 3 <input type="checkbox"/> EXTRADITION DENIED 4 <input type="checkbox"/> VICTIM DECLINES COOPERATION 5 <input type="checkbox"/> JUVENILE NO CUSTODY																							
	REPORTING OFFICER(S)		DATE		UNIT NUMBER		APPROVING OFFICER		DATE		UNIT NUMBER													
FITZGERALD BRANDON M		02/28/2015 22:34:37		22847		REASE ARTHUR E		03/01/2015 04:17:54		15311														
						FOLLOW UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		OFFICER																

Agency Name: City of Columbia Police Department	ORI #: SC0400100	Report Date/Time: 02/28/2015 20:42	OCA #: 150005592
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SPEAKING VERY NERVOUSLY AND STATED THAT HIS PARENTS WERE PRESSURING HIM TO GET A JOB. I THEN ASKED MR. DYLANN IF HE ASKED FOR AN APPLICATION FROM ANY OF THE STORES AND HE STATED THAT HE DID NOT. I AGAIN OBSERVED THAT MR DYLANN WAS BECOMING MORE NERVOUS ACTING AND TAKING MORE TIME TO THINK OF ANSWERS TO MY QUESTIONS. I THEN ASKED MR. DYLANN IF HE HAD ANYTHING ILLEGAL ON HIS PERSON THAT I NEEDED TO KNOW ABOUT AND HE STATED THAT HE DID NOT. I THEN RECEIVED CONSENT TO SEARCH HIS PERSON AT WHICH TIME I LOCATED A SMALL UNLABELED WHITE BOTTLE CONTAINING MULTIPLE ORANGE IN COLOR SQUARE STRIPS LOCATED IN MR. DYLANN'S RIGHT JACKET POCKET. I THEN ASKED MR. DYLANN WHAT THE ORANGE STRIPS WERE AND HE STATED THEY WERE LISTERINE STRIPS. I AGAIN ASKED HIM WHAT THEY WERE AND HE STATED THAT THEY WERE SUBOXONE. I THEN ASKED MR. DYLANN IF HE HAD A PRESCRIPTION FOR THEM AND HE STATED THAT HE DID NOT. I THEN CONFIRMED THROUGH POISON CONTROL THAT SUBOXONE IS A SCHEDULE III NARCOTIC. I THEN PLACED MR DYLANN UNDER ARREST FOR POSSESSION OF SCHEDULE III. POST MIRANDA MR. DYLANN STATED THAT THE STRIPS WERE SUBOXONE AND THAT HE RECEIVED THEM FROM A FRIEND. DUE TO MR. DYLANN BEING ARRESTED I HAD HIS 2000 HYUNDAI ELANTRA [REDACTED] TOWED BY ST ANDREWS TOWING AND I NOTIFIED THE OWNER BY MAIL. I HAD ALL EVIDENCE TAGGED INTO THE PROPERTY ROOM.

ADDITIONAL VEHICLES

STATUS:	3	RELATED TO:	ROOF, DYLANN, STORM	VEHICLE TYPE:	P
VIN AND/OR LICENSE NO.		BOAT HULL NO. AND/OR REG. NO.			
SERIAL AND/OR OWNER APPLIED NO.				STATE SC	
YEAR OF REGISTRATION		YEAR OF EXPIRATION		YEAR 2000	MAKE HYUN
MODEL HYUN-ELN	STYLE 4 DOOR	COLOR BLACK		CID NO.	
COMMENTS SC TAG KER488					
STATUS:	RELATED TO:			VEHICLE TYPE:	
VIN AND/OR LICENSE NO.		BOAT HULL NO. AND/OR REG. NO.			
SERIAL AND/OR OWNER APPLIED NO.				STATE	
YEAR OF REGISTRATION		YEAR OF EXPIRATION		YEAR	MAKE
MODEL	STYLE	COLOR		CID NO.	
COMMENTS					
STATUS:	RELATED TO:			VEHICLE TYPE:	
VIN AND/OR LICENSE NO.		BOAT HULL NO. AND/OR REG. NO.			
SERIAL AND/OR OWNER APPLIED NO.				STATE	
YEAR OF REGISTRATION		YEAR OF EXPIRATION		YEAR	MAKE
MODEL	STYLE	COLOR		CID NO.	
COMMENTS					
STATUS:	RELATED TO:			VEHICLE TYPE:	
VIN AND/OR LICENSE NO.		BOAT HULL NO. AND/OR REG. NO.			
SERIAL AND/OR OWNER APPLIED NO.				STATE	
YEAR OF REGISTRATION		YEAR OF EXPIRATION		YEAR	MAKE
MODEL	STYLE	COLOR		CID NO.	
COMMENTS					
STATUS:	RELATED TO:			VEHICLE TYPE:	
VIN AND/OR LICENSE NO.		BOAT HULL NO. AND/OR REG. NO.			
SERIAL AND/OR OWNER APPLIED NO.				STATE	
YEAR OF REGISTRATION		YEAR OF EXPIRATION		YEAR	MAKE
MODEL	STYLE	COLOR		CID NO.	
COMMENTS					
STATUS:	RELATED TO:			VEHICLE TYPE:	
VIN AND/OR LICENSE NO.		BOAT HULL NO. AND/OR REG. NO.			
SERIAL AND/OR OWNER APPLIED NO.				STATE	
YEAR OF REGISTRATION		YEAR OF EXPIRATION		YEAR	MAKE
MODEL	STYLE	COLOR		CID NO.	
COMMENTS					
STATUS:	RELATED TO:			VEHICLE TYPE:	
VIN AND/OR LICENSE NO.		BOAT HULL NO. AND/OR REG. NO.			
SERIAL AND/OR OWNER APPLIED NO.				STATE	
YEAR OF REGISTRATION		YEAR OF EXPIRATION		YEAR	MAKE
MODEL	STYLE	COLOR		CID NO.	
COMMENTS					

INCIDENT REPORT

ADDITIONAL OFFENSES

UCR	OFFENSE	BIAS MOTIVATED	BIAS CODE	STATUS	OFFENDER
		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Attempt <input type="checkbox"/> Complete	
		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Attempt <input type="checkbox"/> Complete	
		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Attempt <input type="checkbox"/> Complete	
		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Attempt <input type="checkbox"/> Complete	
		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Attempt <input type="checkbox"/> Complete	
		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Attempt <input type="checkbox"/> Complete	

INCIDENT REPORT

DRUGS

Code	Status	Quantity	Measure	Suspected Type	Check up to 3 types of activity for each							
					Using	Buy	Cultivating	Distributing	Exploiting Children	Operating	Possess	Transport
H	Z	1	GM	OTHER NARCOTICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AGENCY ID

SC0400100

CASE NUMBER

150005592